



TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application No.	10/569,761
Filing Date	February 24, 2006
First Named Inventor	Hans-Ulrich von Helmolt
Art Unit	3687
Examiner Name	Olusegun Goyea
Attorney Docket Number	6741P094

Total Number of Pages in This Submission . 4

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Petition	<input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	-Return Receipt Postcard (1)
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s)	
<input type="checkbox"/> PTO/SB/08	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Certified Copy of Priority Document(s)		
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Basic Filing Fee		
<input type="checkbox"/> Declaration/POA		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Thomas M. Coester, Reg. No. 39,637 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	/Thomas M. Coester/
Date	4/12/2010

CERTIFICATE OF MAILING/TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop Appeal Brief-Patents, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Typed or printed name	Jessica M. Huester
Signature	
Date	2010-04-12



FEE TRANSMITTAL **for FY 2009**

Patent fees are subject to annual revision.

Complete if Known

Application Number 10/569,761
Filing Date February 24, 2006
First Named Inventor Hans-Ulrich von Helmolt
Examiner Name Olusegun Goyea
Art Unit 3687
Attorney Docket No. 6741 P094

☐ Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$) 540.00

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit card ☐ Money Order ☐ None ☐ Other (please identify):

☒ Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☒ Credit any overpayments
☐ Charge fee(s) indicated below, except for the filing fee ☒ Any concurrent or future reply that requires a petition for extension of time should be treated as incorporating an appropriate petition for extension of time and all required fees should be charged
☒ Charge any additional fee(s) or underpayment of fee(s) during the pendency of this application.

FEE CALCULATION

1. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
28	28	52.00	\$0.00
Independent Claims	5	220.00	\$0.00
Multiple Dependent			

Large Entity	Small Entity	Fee Description
Fee Code Fee (\$)	Fee Code Fee (\$)	
1202 52	2202 26	Claims in excess of 20
1201 220	2201 110	Independent claims in excess of 3
1203 390	2203 195	Multiple Dependent claim, if not paid
1204 330	2204 165	**Reissue independent claims over original patent
1205 330	2205 165	**Reissue claims in excess of 20 and over original patent

SUBTOTAL (1)

(\$) 0.00

2. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description
Fee Code Fee (\$)	Fee Code Fee (\$)	
1051 130	2051 65	Surcharge - late filing fee or oath
1052 50	2052 25	Surcharge - late provisional filing fee or cover sheet.
2053 130	2053 130	Non-English specification
1251 130	2251 65	Extension for reply within first month
1252 490	2252 245	Extension for reply within second month
1253 1,110	2253 555	Extension for reply within third month
1254 1,730	2254 865	Extension for reply within fourth month
1255 2,350	2255 1,175	Extension for reply within fifth month
1401 540	2401 270	Notice of Appeal
1402 540	2402 270	Filing a brief in support of an appeal
1403 1,080	2403 540	Request for oral hearing
1451 1,510	2451 1,510	Petition to institute a public use proceeding
1460 130	2460 130	Petitions to the Commissioner
1807 50	1807 50	Processing fee under 37 CFR 1.17(q)
1806 180	1806 180	Submission of Information Disclosure Stmt
1809 810	1809 405	Filing a submission after final rejection (37 CFR § 1.129(a))
1810 810	2810 405	For each additional invention to be examined (37 CFR § 1.129(b))

Other fee (specify)

SUBTOTAL (2)

Fee Paid

540.00

(\$) 540.00

SUBMITTED BY

Complete (if applicable)

Name (Print/Type) Thomas M. Coester Registration No. 39,637 Telephone (310) 207-3800
Signature /Thomas M. Coester/ Date 04-12-2010